

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	USE OF GROWTH HORMONE (HGH) FOR THE TREATMENT OF SEXUAL FUNCTIONAL DISTURBANCES
Attorney Docket Number::	13390.2USWO
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

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Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	GERMANY
Status::	Full Capacity
Given Name::	ARMIN
Middle Name::	JOHANNES
Family Name::	BECKER
Name Suffix::	
City of Residence::	Hannover
State or Province of Residence::	
Country of Residence::	GERMANY
Street of mailing address::	Blumhardthof 9
City of mailing address::	Hannover
State or Province of mailing address::	
Country of mailing address::	GERMANY
Postal or Zip Code of mailing address::	D-30625

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	GERMANY
Status::	Full Capacity
Given Name::	CHRISTIAN
Middle Name::	GEORGE
Family Name::	STIEF
Name Suffix::	
City of Residence::	Hemmingen
State or Province of Residence::	
Country of Residence::	GERMANY
Street of mailing address::	Rehmenbreiten 6

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City of mailing address:: Hemmingen
State or Province of mailing address::
Country of mailing address:: GERMANY
Postal or Zip Code of mailing address:: D-30966

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: STEFAN
Middle Name::
Family Name:: UCKERT
Name Suffix::
City of Residence:: Garbsen
State or Province of Residence::
Country of Residence:: GERMANY
Street of mailing address:: Erich-Ollenhauer-Str. 3
City of mailing address:: Garbsen
State or Province of mailing address::
Country of mailing address:: GERMANY
Postal or Zip Code of mailing address:: D-30827

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: UDO
Middle Name::
Family Name:: JONAS

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Name Suffix::

City of Residence:: Hannover

State or Province of Residence::

Country of Residence:: GERMANY

Street of mailing address:: Schopenhauer-Str. 27

City of mailing address:: Hannover

State or Province of mailing address::

Country of mailing address:: GERMANY

Postal or Zip Code of mailing address:: D-30625

Correspondence Information

Correspondence Customer Number:: 23552

Representative Information

Representative Customer Number::	23552
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Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
this application	Continuation of	PCT/EP00/05517	06/15/00

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
GERMANY	199 27 678.1	06/17/99	Yes

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Assignee Information

Assignee Name:: PHARMACIA AB
Street of mailing address::
City of mailing address:: Stockholm
State or Province of mailing address::
Country of mailing address:: SWEDEN
Postal or Zip Code of mailing address:: S-112 89

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